PAGE 1 / 10 —

FEC FORM 1		STATE! ORGAN							Office I	Jse Only	PAGE 1	710
NAME OF COMMITTEE (in	n full)	(Check if na is changed)		kample:If typ ver the lines.	ing, type	1	2FE4	4м5				
Michigan R	epublic	can Party										ı
l												
ADDRESS (number a	nd etroot)	520 Seymour Avenue										
(Check if a	address				1 1 1							
is changed	d)	Lansing				J L	MI TATE 4		18933-	ZIP	- L	
COMMITTEE'S E-MA	AIL ADDRES	S										
(Check if a is changed		htow@migop.org		1 1 1 1	1 1 1		1 1	1 1	1 1	1 1 1	1 1	, , I
ie onangee	-,	Optional Second E-M	Mail Address									
COMMITTEE'S WEB (Check if a is changed	address	RESS (URL) www.migop.org			1 1 1							
2. DATE 00	6 30	2020										
3. FEC IDENTIFIC	CATION NU	MBER ▶	C C00041	160								
4. IS THIS STATEM	MENT	NEW (N)	OR	x AME	NDED (A))						
I certify that I have e	examined this	s Statement and to th	ne best of my	/ knowledge	and belie	efit is tr	ue, co	rrect a	nd cor	nplete.		
Type or Print Name	of Treasurer	Meyers, Carl, , Mr.,										
Signature of Treasure	er <i>Meyers</i>	, Carl, , Mr.,		[Electronic	ally Filed]	Dat	e	M = M 06	/ D	30)20
NOTE: Submission of		ous, or incomplete infor	-		_	_			he pena	alties of	2 U.S.C	c. §437g.
Office Use Only				For further Federal Ele Toll Free 80 Local 202-6	ction Comn 00-424-9530	nission	et:			C FO		

ı	FEC Fo i	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.))
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name Cand	e of didate		
	didate / Affiliation	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Con	nmittee: (National, State	(Democratic,
(d)	×	CTA CTA	Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	vo or more political
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.	FEC ID number C	
	4.	FEC ID number C	

Michigan Republican Party 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Protect the House PO Box 30844 Mailing Address Bethesda CITY STATE ZIP CO	
Michigan Republican Party 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Protect the House Mailing Address PO Box 30844 Mailing Address CITY STATE ZIP CO Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession books and records. Tow, Henrietta, L, Mrs., Full Name 520 Seymour Ave	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Protect the House PO Box 30844 Mailing Address Bethesda CITY STATE ZIP CO Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession books and records. Tow, Henrietta, L, Mrs., Full Name 520 Seymour Ave	
Protect the House Mailing Address PO Box 30844 Mailing Address Bethesda CITY STATE ZIP CO Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession books and records. Tow, Henrietta, L, Mrs., Full Name Journal Address Tow, Henrietta, L, Mrs., Full Name	
PO Box 30844 Mailing Address Bethesda CITY STATE ZIP CO Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession books and records. Tow, Henrietta, L, Mrs., Full Name 520 Seymour Ave	
Bethesda CITY STATE ZIP CO Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession books and records. Tow, Henrietta, L, Mrs., Full Name 520 Seymour Ave	
Bethesda CITY STATE ZIP CO Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession books and records. Tow, Henrietta, L, Mrs., Full Name 520 Seymour Ave	
CITY STATE ZIP CO Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession books and records. Tow, Henrietta, L, Mrs., Full Name	
CITY STATE ZIP CO Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession books and records. Tow, Henrietta, L, Mrs., Full Name	
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession books and records. Tow, Henrietta, L, Mrs., Full Name 1520 Seymour Ave	
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession books and records. Tow, Henrietta, L, Mrs., Full Name 520 Seymour Ave 	PAC Sponsor
books and records. Tow, Henrietta, L, Mrs., Full Name	of committee
Full Name520 Seymour Ave	of committee
,520 Seymour Ave	1
Mailing Address	
Lansing MI 48933-1118	
Title or Position CITY STATE ZIP CO	DE
Custodian of Records Telephone number 517 - 487	- 5413
3. Treasurer : List the name and address (phone number optional) of the treasurer of the committee; and the name and any designated agent (e.g., assistant treasurer).	address of
Full Name Meyers, Carl, , Mr.,	1
of Treasurer	
Mailing Address	
. La cartera	
Lansing MI 48933-1118	
CITY STATE ZIP CO Title or Position Treasurer Telephone number Telephone number	

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		
	Telephone number	
Name of Bank, D	repository, etc.	
Mailing Address	Capital One Bank 4825 Cordell Ave. Bethesda MA 120814	
Mailing Address	Bethesda MA 20814	
Mailing Address	Bethesda MA 20814	IP CODE
Mailing Address Name of Bank, D	Bethesda MA 20814 CITY STATE Z	IP CODE
	Bethesda MA 20814 CITY STATE Z	IP CODE
	Bethesda CITY STATE Z Depository, etc. Chain Bridge Bank	IP CODE

FEC Form 1S (Revised 02/2017)

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h). Joint Fundraisi r	3		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
Co-Pilot Committe	ee		
Mailing Address	PO Box 27363		
	Lansing	MI	48909-7363
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sp
	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions. Come epository, etc.	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which saintains funds. rica Bank	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____

or(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
		FEC ID number	C
T- [<u> </u>	
Name of Any Connected	Organization, Affiliated Committee, Joint I	Fundraising Representativ	re, or Leadership PAC Sponsor
Take Back the Ho	use 2020		
Mailing Address	PO Box 30844		
	Bethesda	MD	20824-0844
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connected	Organization Affiliated Committee	Joint Fundraising Represent	tative Leadership PAC Sponsor
Full Name			
Mailing Address			
	1		
TITLE OR POSITION	CITY A	STATE ▲	ZIP CODE ▲
		Telephone Number	
Panks or Other Denosite	ies: List all banks or other depositories in v	which the committee denoci	to fundo holdo accounto ronto
safety deposit boxes or ma		mich the committee deposi	is lulius, fiolus accounts, ferits
Name of Bank, Depository, etc.	Farm Bank		
Mailing Address	2111 Haslett Rd, Suite A		
		<u> </u>	
	Haslett		48840
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi r		FEC ID number	C
1.		FEC ID number	С
2.		FEC ID number	C
3.			
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Win in 2020			1 1 1 1 1 1 1 1 1
Mailing Address	320 First Street Southweast		
Ü			
	Washington	DC	20003-1838
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials and the same of Bank, Wells	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials and the same of Bank, Wells	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material boxes or material and the control of Bank, epository, etc	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. Fargo Bank	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material boxes or material and the control of Bank, epository, etc	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. Fargo Bank	STATE A	ZIP CODE A

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Page ____ **of** _____

n). Joint Fundraisin			1	FFC ID			
1.				FEC ID r			=
2.				FEC ID r	number	C	=
3				FEC ID r	number	C	_
4.				FEC ID r	number	C	_
ame of Any Connected		ated Committee	, Joint Fundra	aising Repre	sentative	e, or Leadership PAC S	Spon
NRSC Targeted S	tate Victory						
Mailing Address	PO Box 60148						
	Washington	1 1 1 1 1 1		, , I	DC	20039-0148	1
Relationship:		CITY A		 	STATE A	ZIP CODE	<u> </u>
	Organization		ee X loint	Fundraising F	Renresenta	ative Leadership PA	
		Affiliated Committe		Fundraising F	Representa	tive Leadership PA	
Connected		Affiliated Committe		Fundraising F	Representa	ative Leadership PA	
Connected esignated Agent: Identify		Affiliated Committe		Fundraising F	Representa	Leadership PA	
Connected esignated Agent: Identify		Affiliated Committe		Fundraising F	Representa	Leadership PA	
Connected esignated Agent: Identify	by name, address	Affiliated Committe	- optional)		Representa	Leadership PA	AC S
Connected esignated Agent: Identify Full Name Mailing Address	by name, address	Affiliated Committee	- optional)		Representa		AC S
Connected esignated Agent: Identify	by name, address	Affiliated Committee	- optional)		ATE A		AC S
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	by name, address	Affiliated Committee (phone number	- optional)	ST. lephone Num	ATE Anber	ZIP CODE 4	AC S
connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or material deposition of the propository, etc.	by name, address	Affiliated Committee (phone number	- optional)	ST. lephone Num	ATE Anber	ZIP CODE 4	AC S
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	by name, address	Affiliated Committee (phone number	- optional)	ST. lephone Num	ATE Anber	ZIP CODE 4	AC S

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3		FEC ID number	C
	4		FEC ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Trump Victory			
	Mailing Address	C/O Red Curve Solutions		
		138 Conant Street, 2nd Floor		
		Beverly	MA	01915-1666
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
8.		Organization Affiliated Committee	Fundraising Represent	Leadership PAC Sponsor
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Te	lephone Number	
9.	safety deposit boxes or ma			s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	intains funds.		
9.	safety deposit boxes or ma	intains funds.		

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8

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n). Joint Fundraisin ç				EC ID number		
1.						=
2.				EC ID number	C	-
3.			FI	EC ID number	С	-
4.			FI	EC ID number	C	_
	_	Committee, Joint	Fundraising	g Representativ	ve, or Leadership PAC S	Spor
Take Flight Comm	ittee, Inc.					
Mailing Address	C/) Red Curve					
	138 Conant Street					
	Beverly		1 1 1 1	MA	01915-1665	1
Relationship:		CITY A		STATE A	ZIP CODE	•
			Joint Fund	raising Represen	tative Leadership PA	
	Organization Affiliate	ed Committee		raising Represen	tative Leadership PA	
Connected esignated Agent: Identify	Organization Affiliate	ed Committee		raising Represen	Leadership PA	
Connected esignated Agent: Identify Full Name	Organization Affiliate	ed Committee		raising Represen	Leadership PA	
Connected esignated Agent: Identify Full Name	Organization Affiliate	ed Committee e number – option	nal)		Leadership PA	AC S
Connected esignated Agent: Identify Full Name Mailing Address	Organization Affiliate by name, address (phon	ed Committee e number – option	nal)			AC S
Connected esignated Agent: Identify Full Name	Organization Affiliate by name, address (phon	ed Committee e number – option	nal)			AC S
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Organization Affiliate by name, address (phone) Companies: List all banks or other	ed Committee e number – option	nal) Telepho	STATE A		AC S
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail	Organization Affiliate by name, address (phone) Companies: List all banks or other	ed Committee e number – option	nal) Telepho	STATE A	ZIP CODE 4	AC S
connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail ame of Bank, epository, etc.	Organization Affiliate by name, address (phone) Companies: List all banks or other	ed Committee e number – option	nal) Telepho	STATE A	ZIP CODE 4	AC S